

**PROCEEDINGS OF THE MENTAL HEALTH
TREATMENT SUBCOMMITTEE**

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the Mental Health Treatment Subcommittee was held on Wednesday, August 22, 2018 at 12:00 pm in Conference Room A (E03) of the Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Chair Erik Hoyer, Supervisor Schadewald, Supervisor Borchardt, Health and Human Services Director Erik Pritzl, Community Services Administrator Jenny Hoffman, Behavioral Health Manager Ian Agar, Assistant Corporation Counsel Rebecca Lindner, GBPD Officer Bloch, GBPD Officer Gerarden

I. Call to Order.

The meeting was called to order by Chair Erik Hoyer at 12:00 pm.

II. Approve/Modify Agenda.

Motion made by Richard Schadewald, seconded by Megan Borchardt to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

1. Subcommittee Mission and Membership.

Hoyer informed the mission of this subcommittee is the same as the former ad hoc committee. The reason the name of this group has been changed is because an ad hoc committee has a specific task and when the task is done the ad hoc committee ends but over the last few years this seems to have focused more on business and activities that will be perpetual and therefore it is more appropriate to call this a subcommittee.

At this time the members of this subcommittee are Supervisor Hoyer, Supervisor Schadewald and Supervisor Borchardt. There are also three members from the public and those are Cheryl Weber, Pat La Violette and Guy Zima. Hoyer is interested in drawing in more individuals from the public to fill out the committee a little more and asked that if anyone had any suggestions for membership to let him know. He wished to make it very clear that those that are in attendance from various departments and organizations that are non-members are still very important in what they bring and have to share. The membership is based more on quorum building.

Supervisor Schadewald asked for clarification of the mission. Hoyer responded the mission is to try to fill in the missing gaps in the community, specifically addressing AODA concerns and the mental health issues that are facing the community. Specifically we are looking at methods to try to avoid jail expansion and trying to specifically look at how mental health needs are integrated into public safety. Schadewald said the mission Hoyer outlined is fairly broad and he would like to see it narrowed down to look at certain things this group can have input on. Hoyer said this is a county sub-committee and we are looking at the issues from the County perspective and how to fill in the identified gaps in our services.

Health and Human Services Director Erik Pritzl said he would like staff to look at the legislative intents of Chapters 51 and 46 as those provide the framework of what a county is supposed to be doing and points to some of the services in terms of coordination and activities and also keeps the county on square, sound footing as to what the county's role is in these areas.

The mission can be discussed further and refined for more clear focus as well as a realistic understanding of this subcommittee's oversight. In general, the goal of this group is to provide insight to the Human Services Committee and ultimately then the overall Board in terms of what can or should be done to try to address the issues.

2. Report – Spending of the 2018 \$1.15 million mental health dollars, to date.

Pritzl provided a handout, a copy of which is attached, which shows where spending stands year-to-date. Mobile crisis and day report center are pretty static contract payments and should show up at or very close to their budget levels. The trend for residential treatment is trending similar to last year and is a little higher than budget and Pritzl expects that to continue. Detox services are lower than budgeted for a few reasons. He pointed out detox spending is significantly up for 2018 compared to 2017. The thing that keeps coming up regarding detox is capacity and Pritzl noted there are capacity issues with Bellin Psychiatric Center who is the provider. Sometimes the beds used for detox are also used for mental health and voluntary placements. Pritzl also noted spending does not truly capture the activity because Bellin does not charge the county for every detox admission. They work to pursue any other funding and the county is the last resort payer.

Hoyer asked if there is any indication of shifting any of these funds in the 2019 budget. Pritzl said there is a small amount. As they are constructing the 2019 budget they are looking at taking some of the dollars and investing them in a pilot of an officer/clinician team. This is something they saw during the site visit to the Milwaukee facility and it is also being used in other areas. Pritzl would like to test that out here and they are looking at diverting some of the detox funds to support that.

3. Report and Discussion – Site visit to Milwaukee Emergency Crisis Services.

Pritzl said a cross section of people recently went to Milwaukee to see their operation and be exposed to their crisis assessment practices. People are brought to the Milwaukee County facility where they are assessed. People arriving at the facility can arrive by squad or sometimes ambulance and enter part of the facility that is not part of the hospital and they are assessed there for crisis needs as well as being medically screened. If someone is in acute medical distress, they are sent back out for medical services but that does not happen frequently. After they are assessed, they can go to an observation area where they stay for a 24 hour period. A mental health tech monitors that room and there are recliners for people to stay for 24 hours and they can also receive assessment services there if needed. If there is an acute psychiatric need, a person would then be admitted to a unit. The system is designed to be a one stop assessment/observation/admission process. Crisis services are located in the facility as are clinical assessment services.

Pritzl talked about what Milwaukee is doing with the officer/clinician teams. They currently have five teams that have a clinician working directly with officers and stationed with officers and they respond with the officers to situations as well as make routine contacts. Given the resources that GBPD has already invested in this issue with dedicated officers and the fact that the bulk of the emergency detentions come from Green Bay, it would seem to make sense to go with GBPD officers rather than deputies from the Sheriff's Department. Pritzl explained that currently if the police work with someone they have frequent contact with, they may check in with them from time to time and if they find something that needs attention, law enforcement then has to call a clinician or get the person to services. In the model being proposed, the clinician is actually there and can assess the person right there and determine what services are needed which is more efficient in getting people connected with treatment options. GBPD Officer Gerarden added that they often run into barriers with HIPAA which makes it difficult to get information so having a clinician with law enforcement would alleviate that and allow more information sharing which would streamline the process. Assistant Corporation Counsel Lindner added that having a clinician with law enforcement is also effective in deescalating situations.

Pritzl said it is important to note a lot of the Milwaukee campus was empty; primarily because they have gone to the acute service need model and people are not staying there for extended periods of time. The campus was originally built for long term care but has been downsized over the years because long term care is not how people are typically treated now.

Gerarden said she really liked that the Milwaukee facility is not only for law enforcement access; it is open to the public also. The other thing she really liked about the Milwaukee facility was that the detox center would

come and pick someone up right from the facility and noted that is a piece that is left out of the services in Brown County. At this time Brown County does not really have a detox facility per se; we are contracted with a few beds available occasionally. Lindner added the observation room was also important because someone can sit there until they are able to be assessed and that is an option that Brown County currently does not have. Gerarden also felt the intake process was well thought out in that when someone is brought into the facility, there is a security person there along with a tech and staff and everyone works on the intake process together so the person coming in only has to tell their story one time.

4. Discussion – Short-term and long-term mental health needs that could be funded by the half-percent sales tax.

As far as short-term needs, Pritzl noted there is money in the 2019 budget to start the planning and get into some of the construction for a crisis assessment center at the CTC. Discussions regarding this have been ongoing with Facilities for a while trying to get a square footage estimate to include the acute assessment services, but there has to be a build out to support that and this would be done off the administration wing of the CTC. The overall project will probably come in at close to \$1 million dollars and next year's budget includes about \$589,000 for the design and architectural work and start of construction.

Schadewald asked why the assessment center will be located so far away, rather than somewhere more in the Green Bay area. Pritzl said when someone is done at the assessment center they can go in different paths; they can be admitted, they could go back into the community on a safety plan or they could go for observation. The idea of the model is to bring people where they can be seen and possibly admitted or be seen where they are at with mobile crisis. This will mainstream the process in that there would no longer need to be a stop at the hospital for medical clearance. Gerarden added that mobile crisis is working quite well and has improved a lot and is way better than it was when it was first started.

Hoyer asked what the possibility would be of having a few beds available on the premises for detox. Pritzl responded that currently the only licensed facilities for detox in Brown County are Bellin and CTC; the County does not have a CBRF level detox facility. St. Elizabeth in Appleton is the current back up.

With regard to long-term, at one point we were looking at building a nursing home wing at the CTC to support some of the people that are currently going to Trempealeau County. The Schenck analysis that has been done, however, seemed to indicate there would be problems doing this and Pritzl has a call scheduled for next week on this. He also pointed out there is a workforce crisis in health care so things can be built, but there is not enough staff to run things.

5. Discussion – Human Services Director and Brown County Sheriff work together to develop a plan to provide treatment for the inmates with mental health and addiction issues.

Pritzl said there have been things done at the jail to respond to these needs. He noted they have added additional psychiatric nurse coverage. He has also spent some time talking with the Sheriff about all the ways Human Services and the jail work together. One of these things is the jail liaison position and the jail has given a lot of access with that position in terms of support, office support and referrals. The treatment court staff also looks at people in the jail to see who is appropriate for those programs and the day report center also assesses for participating in their programming and the jail has been cooperative with Human Services in giving access to those inmates to try to put them down the right path. Supervisor Borchardt noted there are also people from JOSHUA who go to do jail ministry.

Schadewald asked if there is any evidence that if we treat mental health and addiction issues there would be less people in the jail. Pritzl said that is hard to answer and this committee has looked at this and gathered information from the jail regarding people on psychotropic medications and where their bond conditions and alleged crimes are and in most instances there were violent crimes as well as high bonds so there was not much of a way to take that population out. Gerarden added the law enforcement experience is that treating

mental health definitely reduces police calls. Police calls are measured for those in the mental health treatment court and they decrease dramatically for participants. Schadewald said the question is who is going to spend the money on the prevention area, whether it be federal or state government, county or something else. Borchardt feels it has to be a collaborative effort worked on by the federal, state and local government as well as the school districts.

6. Discussion – Recertify county operations to provide long-term care, along with other mental health needs of the community.

Hoyer said the biggest question always seems to be what is missing and what can be done for the community given our limited resources. There is a lot going on and we continue to look at things from a lot of different angles, but there does not seem to be any obvious answers. Pritzl said we have been talking about this for several years and we always come back to restoring operations to the old CTC, but there is not a lot of evidence that that is possible for several reasons. There are waivers needed for certain operations and those would need to be approved by the state and, in addition, staffing would be a problem. In addition, Pritzl pointed out the old model ended for a reason. When looking at successful models, active treatment 24/7 staffed resources are not typically among the models that work. Hoyer asked if it would be worth having interaction with the housing authority on this and Pritzl felt that was a great idea. Safe and stable housing is something that comes up frequently and he noted that people can still have their treatment needs met without being on a unit or with a nurse and physician always attending. Having the housing people and the mental health people work together would be great and something to work towards. There are a lot of resources already under the same roof that could work together as well as engaging community partners. Borchardt said there are community organizations working on these same types of things and engaging with some of those organizations would be beneficial. Borchardt would like to see facilities where services are provided on the bottom floor and then housing is provided on the upper floors as those models have been successful in other areas.

7. Update – Outreach efforts.

Borchardt informed the Trilogy website has been doing well and is receiving a lot of contacts.

8. Such other matters as authorized by law.

Hoyer brought up the frequency of these meetings and suggested meeting every other month. The next meeting was set for October 17 at noon.

9. Adjourn.

Motion made by Richard Schadewald, seconded by Megan Borchardt to adjourn at 12:50 pm. Vote taken.
MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Administrative Specialist



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To: Mental Health Treatment Sub-Committee
 Human Services Committee

From: Erik Pritzl, Executive Director

Date: August 22, 2018

Re: Mental Health Initiative Expenditures January-July, 2018

The chart below provides an update on the 2018 expenditures related to the four mental health initiatives for the period of January-July, 2018.

